

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11638

State File No. _____

DEC 29 1941 213

Registration District No. _____

Primary Registration District No. 3014 5293

Registrar's No. 340

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural #3, Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #3, Jefferson City, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME Peter Haaf

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Margaret Haaf 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 18 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Not Known 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Haaf
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
(b) Address Jefferson City, Missouri

19. (a) Nov. 22-1941 (b) Horror Pichter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1941 hour 1 minute 19 M.

21. I hereby certify that I attended the deceased from Nov 19 1941, to Nov 21 1941.
That I last saw him alive on Nov 19 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease 3 years
Duration

Due to _____
Due to _____

Other conditions Senility 5 yrs.
(Include pregnancy within 8 months of death) 94a

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Jas A. Hill MD (M. D. or other) MD
Address Jefferson City, Mo Date signed 11-22-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

844

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Louis Quest

Licensed Embalmer No.

4096

P. O. Address

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.